



# South Carolina Department of Insurance

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**MARK SANFORD**  
Governor

**ELEANOR KITZMAN**  
Director of Insurance

## APPOINTMENT AS AN EMERGENCY ADJUSTER

### Instructions

1. This Form is to be completed by the insurer appointing the emergency adjuster. If the applicant already holds a State of South Carolina Non-Resident Adjusters License, then this Appointment Form is not necessary.
2. Print this form using your web browser print facility. If you are not able to print this Form, then you may duplicate the Form as it appears on this page.
3. All questions must be answered. The Appointment Form must be signed by an authorized appointing officer of the insurer.

### INSURER INFORMATION

1. Name of Insurer: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Insurer Contact Person: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
4. South Carolina Company Code: \_\_\_\_\_

### ADJUSTER INFORMATION

5. Name of Adjuster: (Last) \_\_\_\_\_, (First) \_\_\_\_\_ (MI) \_\_\_\_\_ ( Jr. Sr.) \_\_\_\_\_
6. Home Address: \_\_\_\_\_
7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. Date of Birth: (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_ (Yr) \_\_\_\_\_ Social Security Number: \_\_\_\_\_
9. State of Residence: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
10. Licensed in Resident State as an Adjuster: YES \_\_\_\_\_ NO \_\_\_\_\_
11. If NO, then give a reason: \_\_\_\_\_ STAFF ADJUSTER ( Provide explanation)
12. Date Employed by Insurer (applicable only to Independent Adjusters): (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_ (Yr) \_\_\_\_\_

The above named insurer hereby appoints the above named individual as an emergency adjuster to adjust natural disaster insurance claims on its behalf. The above named insurer clearly understands and agrees that this initial appointment is for a period not to exceed one hundred and twenty (120) days from the date of this initial appointment. The above named insurer further understands and agrees that before an extension of time is approved for this emergency adjuster, written authorization must have been received from the South Carolina Department of Insurance. The above named insurer further certifies that it has depleted its source of licensed resident/nonresident adjusters for handling South Carolina disaster claims.

13. Date of Appointment \_\_\_\_\_ Signature of Insurer Appointing Officer: \_\_\_\_\_
14. Storm Name \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2001

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_